

## Form 5B: Service Sites

OMB No.: 0915-0285. Expiration Date: 9/30/2016

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>FORM 5B: SERVICE SITES</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>

**Note:** This form will pre-populate for competing continuation applicants.

**New and Competing Supplement Applicants:** Applicants requesting funding to target the general underserved community (CHC), residents of public housing (PHPC), or people experiencing homelessness (HCH), regardless of whether funding is requested to target migrant and seasonal agricultural workers (MHC), must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' and operating for at least 40 hours.

Applicants proposing to serve ONLY migrant and seasonal agricultural workers must propose at least one new Service Delivery site or Administrative/Service Delivery site with the Location Type as 'Permanent' or 'Seasonal' and operating for at least 40 hours.

### Site Qualification Criteria

<b>1. Is the site an Admin-only site?</b> If Yes, the site is an Admin-only site, select Not Applicable for questions a through d below. If No, the site is a Service Delivery site, answer questions a through d Yes or No.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Are/will health center visits be generated by documenting in the patients' records face-to-face contacts between patients and providers?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>b. Do/will providers exercise independent judgment in the provision of services to the patient?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>c. Are/will services be provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>d. Are/will services be provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>2. Is the site a Domestic Violence (Confidential) shelter?</b> Select Yes for this question only if the site being added is a confidential site serving victims of domestic violence and the site address cannot be published due to the necessity to protect the location of the domestic violence shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

### Site Information

Site Name		Site Physical Address (Ensure your address contains the appropriate unique suite, building, or other notation, if appropriate. If the address displayed does not contain this information, please select Change Physical Location and update as appropriate)	
Site Type	<input type="checkbox"/> Administrative/Service Delivery Site <input type="checkbox"/> Service Delivery Site <input type="checkbox"/> Administrative Site	Site Phone Number	
Web URL			

**Note: The following fields are required for “Service Delivery” and “Administrative/Service Delivery” site types:**

Location Type	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Mobile <input type="checkbox"/> Migrant Voucher <input type="checkbox"/> Intermittent	Site Setting	<input type="checkbox"/> All Other Clinic Types <input type="checkbox"/> Hospital <input type="checkbox"/> School
Date Site was Added to Scope	Read-only for sites already in scope and disabled when adding a new site	Site Operational By	
FQHC Site Medicare Billing Number Status	<input type="checkbox"/> This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number) <input type="checkbox"/> Health center does not/will not bill under the FQHC Medicare system at this site <input type="checkbox"/> Number is pending; application for this site has been submitted to CMS <input type="checkbox"/> Application for this site has not yet been submitted to CMS <input type="checkbox"/> This site has a Medicare billing number	FQHC Site Medicare Billing Number (Required if This site has a Medicare billing number is selected in FQHC Site Medicare Billing Number Status field)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (When patients will be served per week)	
Months of Operation			
Service Area Zip Codes			
Number of Contract Service Delivery Locations (Required only for Migrant Voucher Screening Site Type)		Number of Intermittent Sites (Required only for Intermittent Site Type)	
Site Operated by	<input type="checkbox"/> Health Center/Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Subrecipient		
<b>Subrecipient or Contractor Information</b> (Required only if Subrecipient or Contractor is selected in Site Operated By field)			
Subrecipient/Contractor Organization Name			
Subrecipient/Contractor Organization Physical Site Address			
Subrecipient/Contractor EIN			

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

## **Instructions for Form 5B: Service Sites**

### **General Notes**

- **Competing continuation applicants:** The application should reflect only the current scope of project. Therefore, these forms will be pre-populated and cannot be modified. Changes in services, sites, and other activities/locations require prior approval through a Change in Scope request submitted in EHB. If the pre-populated data do not reflect recently approved scope changes, click the **Refresh from Scope** button in the EHB to display the latest scope of project.

**Note:** In order for forms to accurately pre-populate, if you are a competing continuation applicant, you must select **Continuation** for Box 2 and provide the grant number for Box 4 on the SF-424. **Failure to apply in this manner will result in delayed EHB application access.**

- **If you are a new and competing supplement applicant, you** must complete Forms 5A: Services Provided and 5B: Service Sites. Form 5C: Other Activities/Locations may be completed, as applicable. Complete these forms based only on the scope of project for the proposed service area.
- If the project is funded, only the services, sites, and other activities/locations listed on these forms will be considered to be in the approved scope of project, regardless of what is described or detailed elsewhere in the application.
- Refer to the Scope of Project (<http://bphc.hrsa.gov/programrequirements/scope.html>) policy documents and resources for details pertaining to defining and changing scope (i.e., services, sites, service area zip codes, target population).

Provide requested data for each proposed service site.

If you are a new and competing supplement applicant, you must propose **at least one new** full-time, permanent service delivery or administrative/service delivery site located in the new service area.<sup>1</sup> You must provide a verifiable street address for each proposed site on Form 5B: Service Sites. Competing supplement applicants may select sites from their current scope, to the extent that these sites have the capacity to serve new patients from the proposed service area, but must also propose a new service delivery site that meets the previously stated parameters.

Zip codes entered in the Service Area Zip Codes field for service sites and administrative/service delivery sites must be those where at least 75 percent of the current patients within the service area reside (administrative-only sites will not be considered).<sup>2</sup> **Zip codes entered in this field will determine compliance with Eligibility Requirement 3b.** Refer to the SAAT to determine the zip codes where the majority of patients reside.

**Note:** Sites described in the Project Narrative that are not listed on Form 5B will not be considered by the Objective Review Committee when reviewing and scoring the application and will not be considered part of the scope of project, if funded.

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<sup>1</sup> MHC-only applicants may propose at least one full-time seasonal rather than permanent site to meet this criterion.

<sup>2</sup> HRSA considers service area overlap when making funding determinations for new and competing supplement applicants if zip codes are proposed on Form 5B: Service Sites beyond those listed in the SAAT. For more information about service area overlap, refer to Policy Information Notice 2007-09 (<http://bphc.hrsa.gov/programrequirements/policies/pin200709.html>).